

Index No.: 1:19-CV-00218-JAW

Filed On:

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MAINE

AFFIDAVIT OF SERVICE

FEDERAL NATIONAL MORTGAGE ASSOCIATION

-against-

JOHN J. BUTLER III & SANDRA E. BUTLER

STATE OF CA, COUNTY OF: SHASTA : (Process Server): MARTIN G. RAUCH #215
 being duly sworn, deposes and says: I am over the age of 18 years, am not party to this action, and reside in the State of CA.
 That on 8/11/2020, at 5:10 PM am/pm at 19849 INDIAN CREEK DRIVE, COTTONWOOD, CA 98022 I served the
 SUMMONS IN A CIVIL ACTION AND AMENDED COMPLAINT bearing Index # 1:19-CV-00218-JAW and filed date upon JOHN J.
 BUTLER.

☒ INDIVIDUAL

by personally delivering a true copy thereof to said recipient, known by deponent to be said person therein.

☐ AGENCY / BUSINESS ENTITYby delivering thereat _____ true copy(ies) of each to (name) _____,
 (capacity) _____, known by deponent to be an authorized agent of the named defendant therein.

Designated under rule _____ and tendering the required fee (if applicable).

☐ SUITABLE AGE PERSONby delivering a true copy of each to a person of suitable age and discretion, to wit: (name) _____
 (relationship) _____ who verified that the intended recipient actually lives/works at this location.☐ AFFIXING TO DOORby affixing a true copy of each to the door of said premises, which is recipients usual place of abode or employment. Deponent was
 unable, with due diligence to find recipient or a person of suitable age and discretion, having called thereat on these dates and times:

1) _____, at _____ am/pm 2) _____, at _____ am/pm 3) _____, at _____ am/pm

Deponent verified that the Defendant lived/worked at said premises with _____.

☐ MAILING COPYDeponent enclosed a copy of same in a postpaid sealed wrapper marked "personal and confidential" and properly addressed to
 recipient at the above address and mailed by first class mail [☐] and certified mail # _____] by depositing
 in an official depository under exclusive care and custody of the US Postal Service in the State of _____ on (date) _____.☐ DESCRIPTIONSex: M; Color: WMA; Hair: Grey; Approx. Age: 60; Approx. Height: 5-8; Approx. Weight: 175 lbs
 Other: _____☐ WITNESS FEEDeponent tendered to the recipient \$ 0 as traveling expenses, witness fee or other statutory fee.☐ MILITARY SERVICEDeponent asked the person spoken to whether the recipient is currently on active duty in the US military service or dependent on
 someone who is currently on active duty in the US military service and was informed that he/she was not.☐ NON-SERVICE

Deponent could not effect service for the following reasons: (Include attempts and reasons for non-service):

Sworn to before me on:

see attached California juratMartin G. Rauch

Signature of Process Server

DOORAN, GRAVES & LONGORIA, LLC MA
 100 CUMMINGS CENTER, SUITE 2250
 BEVERLY, MA 01915
 Phone: (978) 921-2870
 File No. S&J BUTLERRETURN TO: Nationwide Court Services, Inc
 751 Koehler Avenue, Suite A
 Ronkonkoma, NY 11779
 Ph: 631-981-4400
 (NCS766863)SLP 1033167>

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

[A large diagonal line is drawn across the space between the signature lines and the notary seal area.]

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Shasta

Subscribed and sworn to (or affirmed) before me

on this 13th day of August, 2020
by _____
Date Month Year

(1) Martin G. Rauch

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature _____
Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit of Service Document Date: 8/11/20

Number of Pages: _____ Signer(s) Other Than Named Above: _____